



Commonwealth of Massachusetts

Military Records Branch

50 Maple Street

Milford, MA 01757

REQUEST FOR MILITARY RECORDS FORM

SERVICE MEMBER INFORMATION:

Name: _____ DOB: _____

Social Security# _____ and/or Service Number: _____

Date of Service - FROM: _____ TO: _____

Branch of Service: _____ (Check One) Enlisted ___ or Commissioned ___

Records/Documents Needed: _____

REQUESTER: (Check One)

Self/Military Service Member Next of Kin Vet Agent VA Funeral Home

* Copy of Death Certificate required with request

Other: _____

** If you are a Power of Attorney for service member, POA documents required with request

I declare (or certify, verify or state) under penalty of perjury under the laws of the United States of America that the information contained in this section is true and correct.

Name (Please print clearly) Signature Date

Phone Number Fax Number Email Address

PREFERRED METHOD OF RECEIPT:

Fax Email US Mail Address _____

(Street)

(City/Town) MA (State) (Zip Code)

Please send this request to: Commonwealth of Massachusetts

Military Records Branch 50 Maple Street Milford MA 01757

(OR) Fax to: (508) 422-1997

NOTE: If you require a "certified" copy of your records, it is necessary to provide a US mailing address as certified copies cannot be sent via fax or electronic mail.